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Letter to the Editor

Apparently New Syndrome of Congenital Cataracts, Sensorineural Deafness, Down Syndrome-Like Facial Appearance, Short Stature, and Mental Retardation

To the Editor:

In a recent issue of this Journal, Gripp et al. [1996] reported on a new syndrome of cataracts, sensorineural deafness, facial anomalis, short stature, and mental retardation. The authors discussed numerous syndromes and concluded that this combination of anomalies did not fit any previously described condition. When comparing this new syndrome with that of a patient reported by Suthers et al. [1993], they concluded that the patient of Suthers et al. [1993] differed from their cases on the basis of his flat face, apparently low-set and posteriorly angulated ears, and thin upper lip. Interestingly, we recently reported [Aymé and Philip, 1996] on another patient exhibiting the same combination of cataracts, sensorineural deafness, and mental retardation. The patient also had brachycephaly and severe microstomia. All these anomalies were present in the patient of Suthers et al. [1993] as well as in a case previously reported by Fine and Lubinsky [1983], and we proposed the term Fine-Lubinsky syndrome to describe this new entity. When looking at the pictures presented by Gripp et al. [1996], it is obvious that their patient 1 (page 383) has a flat face and apparently low-set ears, and it seems likely that this patient has the same condition as the patient reported by Suthers et al. [1993]. Furthermore, there are striking similarities between the profile picture of our patient and of the patient of Gripp et al. [1996]. In their clinical report, Gripp et al. [1996] reported that the mouth appeared small and, thus, their patient exhibits an additional trait of Fine-Lubinsky syndrome. In our opinion, there are objective arguments to think that there is a single syndrome of cataracts, deafness, brachycephaly, flat face, microstomia, and mental retardation. This brings to 6 the number of reported patients. All have been sporadic. Further reports are needed to better define long-term prognosis, additional manifestations, and cause.

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